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REFERENCES

1. Weaver DW. President's page: the continuing importance of international engagement. J Am Coll Cardiol 2008;51:2193–4.
2. Integrated Management of Cardiovascular Risk: report of a WHO meeting, Geneva, Switzerland, July 9–12, 2002. Geneva: World Health Organization, 2002.
3. Madu EC, Richardson KD, Ozigbo OH, Baugh DS. Improving cardiovascular disease prevention and management in Africa: issues to consider for the 21st century. Ethn Dis 2003;13 Suppl 2:71–6.
4. Heart Institute of the Caribbean. Available at: http://www.ted.com/index.php/talks/view/id/249. Accessed June 7, 2008.
5. Kong BW, Ntim W. Preventive cardiology in special patient populations—twelve days in Ghana. Cardiol Rev 2008;25:47–8.

Reply

As an organization based in the U.S., the American College of Cardiology recognizes that it has as much to learn as it has to teach from our engagements with partners outside the U.S. The goals and examples outlined in the letter from Dr. Madu and colleagues concerning my recent report (1) are shared ones, and we must work collaboratively in order to reach them.

The College's recent international strategy has been developed first and foremost to be collaborative and not prescriptive with other international societies and with our international members, and second, to work with willing partners to better understand the needs that cardiovascular specialists have on a local level to develop programs and products that help mitigate those challenges and improve the care of all patients with cardiovascular disease. For this reason, the College has implemented a new international governance structure aimed at improving international representation and exchange. Our primary goals are to provide better value of membership to our international members, to foster collaboration around global issues, to improve the care of patients with cardiovascular disease, and last, to provide educational and quality improvement resources to those wishing to collaborate. We strongly believe that our strategy of collaboration in both resource-rich as well as resource-limited settings will help us to achieve our shared vision of improving quality patient-centered cardiovascular care globally. I urge you and other international members to become involved in the International Council—which now provides forums for you to advance initiatives and sustainable structures to improve world cardiovascular health.

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REFERENCE

1. Weaver DW. President's page: the continuing importance of international engagement. J Am Coll Cardiol 2008;51:2193–4.

Role of International Medical Graduates in the American College of Cardiology

I read with much interest the recent commentary by Dr. W. Douglas Weaver (1), President of the American College of Cardiology (ACC), in which he addressed the challenges that international medical graduates (IMGs) face when they enter fellowship programs or clinical practice in the U.S. and proposed ideas to get them more involved and integrated in the functions of the ACC. Because I am an IMG myself, it was rewarding to see that the ACC at its highest leadership level is genuinely interested in the welfare of IMGs, who certainly go through difficult times to get into a cardiology fellowship program in the U.S. in the first place.

Although most IMGs who complete their cardiovascular training end up staying in the U.S. in private practice or academic positions, a substantial portion do actually go to their countries (mainly developing countries) to start their careers there. Those also tend to disconnect from the ACC and, other than attending the annual ACC or American Heart Association scientific sessions, they are not so much involved in the functions of the college. Many of those IMGs have received rigorous research training in the U.S. in addition to their clinical training, and unfortunately their research productivity significantly decreases once they leave the U.S. (2). Limited funding, the absence of senior supporting mentors, and the lack of dedicated time all combine to significantly curtail the research potential of IMGs returning to their developing countries. How can the ACC support and enhance the academic careers of IMGs in their home countries?

First, encourage them to continue their research and to publish it. There is a feeling, which may be difficult to prove, that there is a certain bias in U.S. and European journals against research performed in developing countries. Most of the research conducted in these countries is clinical rather than basic and although it might not be directly relevant to the U.S. health care system, it remains relevant to "global cardiovascular health." The ACC could help IMGs by having its journals more "open" to their research or perhaps having a journal dedicated to cardiovascular health in developing countries just like it has journals dedicated to imaging or interventions.

Second, help them create a network with leading pharmaceutical companies conducting clinical trials. Most of those companies view developing countries primarily as markets for their products, and although some of them are beginning to conduct clinical trials in these countries, their attempts have not been always successful because of the lack of supporting infrastructure and improper selection of sites and investigators. Proper networking among the ACC, pharmaceutical companies, and investigators with solid research background can ensure the success of the clinical trials

conducted and at the same time enhance the academic careers of the investigators involved.

A third way the ACC could support IMGs and at the same time achieve its mission to improve global cardiovascular health is by conducting some of its educational programs and workshops in developing countries and getting IMGs in these countries intimately involved in these programs.

The interest of the ACC leadership in IMGs is an important positive step forward. The IMGs remaining in the U.S. and those returning to their home countries possess tremendous clinical and research potentials that should be used effectively to improve the global cardiovascular health and fulfill the mission of the ACC.

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REFERENCES

1. Weaver WD. President's page: expanding our diversity to expand our reach. J Am Coll Cardiol 2008;52:1885–6.
2. Dakik HA, Kaidbey H, Sabra R. Research productivity of the medical faculty at the American University of Beirut. Postgrad Med J 2006;82:462–4.

Reply

I thank Dr. Dakik for taking the time to respond to my commentary on international medical graduates (1). His thoughtful response reinforces the need to encourage opportunities for trainees who do return to their home countries to help address the cardiovascular health care of their country folk.

I will be sure to forward Dr. Dakik's thoughts to our new International Council for their consideration as they begin to chart a course and set of activities. The Council's first meeting was at our Annual Scientific Sessions in Orlando, Florida, this past March. It is primarily composed of members of the American College of Cardiology from outside of the U.S., many of whom will likely have had the same experiences and impressions as Dr. Dakik. The Council is one outcome of several years of planning to better meet the needs of cardiovascular medicine in other countries of the world.

Another result of the international strategy is the provision for American College of Cardiology country chapters in collaboration with existing national chapters—an approach that is ideally suited to support Dr. Dakik's ideas. Leading College members in these country chapters can encourage cardiologists to pursue their scholarship, advise them on preparing their papers, and direct their submission to the most promising journals. This strengthened network provides the means through which pharmaceutical interests can identify and support researchers and clinical trial needs. And, one can be reassured that one key goal of the International Council and country chapters will be to enhance educational programs and workshops in country.

I welcome readers' continued support of the College and regular visits to our online source of international news and perspectives at the ACC International Center: www.acc.org/about/international/internationl.htm.

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REFERENCE

1. Weaver WD. President's page: expanding our diversity to expand our reach. J Am Coll Cardiol 2008;52:1885–6.